**Cultural Exchange Fund**

*Funded by the Andrew W. Mellon Foundation*

<table>
<thead>
<tr>
<th>Funding Round</th>
<th>Deadline</th>
<th>Announcement</th>
<th>Travel Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rolling*</td>
<td>3 weeks prior to travel</td>
<td>Ongoing</td>
<td>July - August 2017</td>
</tr>
<tr>
<td>I.</td>
<td>July 31, 2017</td>
<td>August 2017</td>
<td>September - December 2017</td>
</tr>
<tr>
<td>II.</td>
<td>October 30, 2017</td>
<td>November 2017</td>
<td>January - June 2018</td>
</tr>
<tr>
<td>III.</td>
<td>April 30, 2018</td>
<td>May 2018</td>
<td>July - December 2018</td>
</tr>
<tr>
<td>IV.</td>
<td>October 30, 2018</td>
<td>November 2018</td>
<td>January - June 2019</td>
</tr>
<tr>
<td>V.</td>
<td>April 30, 2019</td>
<td>May 2019</td>
<td>July - December 2019</td>
</tr>
<tr>
<td>VI.</td>
<td>October 30, 2019</td>
<td>November 2019</td>
<td>January - June 2020</td>
</tr>
</tbody>
</table>

*For those traveling in July and August 2017, applications will be reviewed on a rolling basis to allow for ample time to finalize travel itineraries. Applications are due no later than 3 weeks prior to travel dates.*

**GROUP APPLICATION PREVIEW**

All applications should be submitted through the online application system by the deadline indicated in the table above. Applications submitted via email will not be accepted. Applicants should prepare all responses before beginning the online application. Refer to the application preview below to view the requested information ahead of time. Applicants cannot save incomplete applications or edit submitted applications. For questions or technical difficulties, contact Robbie Ottley, rottley@apap365.org.

Please indicate the funding round for which you are applying

- Rolling Round - Travel Period (August - September 2017)
- Funding Round I - Travel Period (September - December 2017)
- Funding Round II - Travel Period (January - June 2018)
- Funding Round III - Travel Period (July - December 2018)
- Funding Round IV - Travel Period (January - June 2019)
- Funding Round V - Travel Period (July - December 2019)
- Funding Round VI - Travel Period (January - June 2020)

**LEAD PARTNER ORGANIZATION**

The Lead Partner Organization (LPO) must be a presenter or presenting organization and an active APAP member (other Travel Partner Organizations do not need to be APAP members). The LPO will be responsible for submitting the application on behalf of the group and also serve as APAP’s main point of contact for inquiries, reimbursements and reporting. The LPO will be awarded/reimbursed the full award amount and responsible for distributing award money among travelers in the group.
Group travel subsidies will be awarded only to groups of three or more individuals (including the LPO) from different organizations. Individuals in the group may include agents, managers and artists working with presenters on a specific project, however, the LPO cannot be an artist.

Name of Traveler _____________________________________

Title _______________________ Organization/APAP Membership Name ________________________________

Phone Number ___________________________ Email Address ___________________________

Organization Address _________________________ Website ________________________________

Please check the following to confirm your agreement:

☐ I confirm that as the Lead Partner Organization, my organization is currently a member of APAP. I understand that my organization must be an active member of APAP at the time of submission, and membership must extend at least one month beyond proposed travel dates. However, I understand that Travel Partner Organizations do not need to be APAP members.

PAST CEF AWARDEES

Have you received a CEF award in the past? Note: APAP welcomes new applications from previous CEF awardees.

- Yes - as the LPO of a group award.
- Yes - as an individual traveler with my current organization.
- Yes - as an individual but with a different organization.
- No - never received a group or individual CEF award before.

If answered yes above, please check the following to confirm your agreement:

☐ I understand that, as a previous CEF awardee, I am eligible to apply for funding again. However, in order to apply for another award, I am required to update my previously completed Digital Diary. See the CEF webpage of APAP365.org for instructions to update your past Digital Diary.

If checked above, please provide a link to your updated Digital Diary ________________________________

TRAVEL PARTNER ORGANIZATIONS

Partner 1

Name of Traveler _____________________________________

Title _______________________ Organization/APAP Membership Name ________________________________

Cultural Exchange Fund - Group Application Preview
Phone Number ___________________________     Email Address ___________________________
Organization Address _________________________     Website ________________________________

**Partner 2**

Name of Traveler ________________________________
Title ___________________________     Organization/APAP Membership Name _______________________
Phone Number ___________________________     Email Address ___________________________
Organization Address _________________________     Website ________________________________

**Partner 3 (if applicable)**

Name of Traveler ________________________________
Title ___________________________     Organization/APAP Membership Name _______________________
Phone Number ___________________________     Email Address ___________________________
Organization Address _________________________     Website ________________________________

**Partner 4 (if applicable)**

Name of Traveler ________________________________
Title ___________________________     Organization/APAP Membership Name _______________________
Phone Number ___________________________     Email Address ___________________________
Organization Address _________________________     Website ________________________________

**Partner 5 (if applicable)**

Name of Traveler ________________________________
Title ___________________________     Organization/APAP Membership Name _______________________
Phone Number ___________________________     Email Address ___________________________
Organization Address _________________________     Website ________________________________
TRAVEL INFORMATION

Name of Artist/Company/Performance to be seen _________________________

Name of Festival/Event/Performance Venue(s) for performance(s) _________________________

Website of Festival/Event/Performance Venue(s) _________________________

City _________________________ Province/Country _________________________

BUDGET INFORMATION

Group travel awards are handled on a reimbursement basis. Expenses are estimated based off airfare costs at the time of application submission and a per diem. The Lead Partner Organization (LPO) will receive $100 per day per diem for up to 10 days, with travel days receiving half of the permitted per diem ($50 per day). Other partner organizations will receive $50 per day per diem for up to 10 days, with travel days receiving half of the permitted per diem ($25 per day). The LPO will be awarded/reimbursed and responsible for distributing award money among travelers in the group. Each traveler can receive up to $2,000 for travel support, however, the LPO will receive extra funds for the additional time and administrative work required to organize the trip. The LPO’s extra funds are calculated as up to 10% of the total travel award. The maximum award for a group is $10,000, inclusive of the LPO’s extra funds.

Lead Partner Organization

Traveler Name _________________________

Estimated Round Trip Airfare Cost _________________________

Date(s) of Visit (Example: 3/15/16-3/22/16) _________________________

Total number of days you will be traveling (including travel days) _________________________

Partner 1

Traveler Name _________________________

Estimated Round Trip Airfare Cost _________________________

Date(s) of Visit (Example: 3/15/16-3/22/16) _________________________

Total number of days you will be traveling (including travel days) _________________________

Partner 2
Traveler Name _________________________
Estimated Round Trip Airfare Cost _________________________

Date(s) of Visit (Example: 3/15/16-3/22/16) _________________________

Total number of days you will be traveling (including travel days) _________________________

**Partner 3 (if applicable)**

Traveler Name _________________________
Estimated Round Trip Airfare Cost _________________________

Date(s) of Visit (Example: 3/15/16-3/22/16) _________________________

Total number of days you will be traveling (including travel days) _________________________

**Partner 4 (if applicable)**

Traveler Name _________________________
Estimated Round Trip Airfare Cost _________________________

Date(s) of Visit (Example: 3/15/16-3/22/16) _________________________

Total number of days you will be traveling (including travel days) _________________________

**Partner 5 (if applicable)**

Traveler Name _________________________
Estimated Round Trip Airfare Cost _________________________

Date(s) of Visit (Example: 3/15/16-3/22/16) _________________________

Total number of days you will be traveling (including travel days) _________________________

**ADDITIONAL INFORMATION**

Please check at least two of the boxes below to indicate how this travel subsidy will benefit your group’s organizations. This travel subsidy will:
• Build the presenter's schedule and programming season as informed by attendance at live performances by international artists based outside the U.S.
• Increase the presenting professional's knowledge and understanding of international performing artists based outside the U.S., the cultural context for the artists' work and for the performing arts in places outside of the U.S.
• Create relationships with artists, producers and presenters from around the world to advance the work of the U.S. based presenter(s) and presenting organization(s).
• Increase the relationship building, project development, tours or performances with international artists to serve the presenting field, presenting organizations or a particular community.

NARRATIVE INFORMATION

1) Describe the artists or companies that your group will view on this trip and why you want to see the work of these artists or companies. Please specifically address why these artists or companies are particularly relevant to your group's current and future program plans, artistic mission and goals (no more than 800 words).

2) Describe what opportunities your group hopes to gain from this trip that will increase knowledge, expertise, and/or the capacity to present international performing arts performers and programs (no more than 800 words).

3) Describe how this travel will assist your group with future performing arts presentations, programs and collaborations (no more than 800 words).

SUPPORT MATERIALS

All Travel Partner Organizations must complete an Authorization Form for the LPO to submit with the CEF Group Application. Refer to the CEF webpage on APAP365.org to access the form.

All Travel Partner Organizations must also provide a three year presenting history outline for the LPO to submit with the CEF Group Application. Please include the name of the company or artists, the dates, and the venue.

Please check the following to confirm your agreement:

☐ I have read and understood the CEF Guidelines.